

COMMONWEALTH OF MASSACHUSETTS DSS EDUCATION and TRAINING VOUCHER PROGRAM APPLICATION 2006-2007

The Education and Training Voucher Program is designed to assist Massachusetts foster youth who will be leaving the foster care system at age 18 or older and those youth adopted from foster care after age 16 with financial assistance for post secondary education and vocational training. The completed application form and all required accompanying documentation must be returned to the Department of Social Services - ETV Program, 24 Farnsworth St. Boston, MA 02210.

Eligibility and Qualification

- Applicants must complete a 2006-2007 FAFSA (Free Application for Federal Student Aid- fafsa.ed.gov) *and* all financial aid paperwork must be completed with the chosen college or vocational training program.
- Applicants must be or have been in DSS custody at least until their 18th birthday or have been adopted through DSS after attaining the age of 16.
- Applicants must be enrolled in a post -secondary educational or vocational training program and have a satisfactory performance level as defined by their program.
- Initial applicants must be under age 21. Re-applicants must be under age 23.
- Applicants must be US citizens or eligible non citizens.
- Applications must include a school issued financial aid award letter and signed W-9 Form.
- Most recent transcripts are required for all re-applications.

Please check one: *New Applicant* _____ *Re-application* _____

Date: _____

PERSONAL DATA (Please Print Clearly)

1. Name: _____ **2. D.O.B.:** _____

3. Address: _____

City: _____ **State:** _____ **Zip:** _____

4. Telephone number: _____ E-mail address: _____

****Note the address provided will be the address where the voucher check is mailed, please do not enter a temporary address.**

5. Social Security #: _____

6. Students may choose to provide their FAFSA and/or school website account PIN number and Password for purposes of aid determination. The PIN and Password is not required and may be supplied solely at the discretion of the student. Failure to provide this information will not affect an ETV award amount.

School account PIN: _____

FAFSA PIN: _____

School account Password: _____

FAFSA Password: _____

7. Are you currently in the care of the Department of Social Services? Yes No

8. If not, when were you discharged from care/custody? _____

9. Are you/were you in a DSS sponsored Guardianship placement? Yes No

10. Current/Former Area Office and/or Social Worker: _____

11. What will your living situation be when you attend school (check one)?

Dorm _____

Independent Living/Transitional Living Program _____

Foster Home _____

Rented Apartment/House _____ (If checked please answer question 11)

Public Housing _____

Home of Adoptive Parents/Guardians _____

Don't Know _____

Other _____

12. If you rent an apartment or have other housing arrangements that you pay for independently, please indicate your individual portion of the monthly rent.

\$ _____

13. Are you in need of housing location assistance in order to attend your educational program or do you need housing location assistance over semester breaks/holidays? (Please explain in detail.)

14. Do you currently receive services through the Department of Social Services Adolescent Outreach Program?

Yes **Name of Outreach Worker** _____
No

15. Vocational School/College where currently enrolled: _____

16. Address of this school/college: Street _____
City/Town _____ **State** _____ **Zip** _____

17. Telephone Number of financial aid office: _____

18. Planned dates of attendance for academic year 2006-2007. Please check and indicate exact dates.

| | |
|---|---------------------------|
| First Semester: September 06 – December 06 _____ | Exact Dates: _____ |
| Winter Session 2007 _____ | Exact Dates: _____ |
| Second Semester: January 07 – June 07 _____ | Exact Dates: _____ |
| Summer Session 2007 _____ | Exact Dates: _____ |
| Other _____ | Exact Dates: _____ |

19. What is your expected date of Graduation? _____

| | | |
|--|---------------------------------------|-------|
| 20. What is your current grade level? | 1st year Freshman: | _____ |
| <i>PLEASE CHECK ONE</i> | 2nd year Sophomore: | _____ |
| | 3rd year Junior: | _____ |
| | 4th year Senior: | _____ |
| | Vocational/Technical Program | _____ |

21. Course of Study/Major: _____

22. Will you be accepting Federal Work Study? **Yes** **No**

23. Are you employed (Work Study is not considered employment)? **Yes** **No**

23A. Weekly Income \$ _____

24. Please indicate if you are a recipient of any of the following

| | | | |
|--|-------|----------------------|-----------------|
| DSS Vendor Payment | _____ | Dollar Amount | \$ _____ |
| Social Security | _____ | Dollar Amount | \$ _____ |
| Mass Rehab Educational Payment | _____ | Dollar Amount | \$ _____ |
| Transitional Assistance (DTA,Welfare) | _____ | Dollar Amount | \$ _____ |
| Private Scholarship(s) | _____ | Dollar Amount | \$ _____ |
| Workforce Investment Act Funding | _____ | Dollar Amount | \$ _____ |

25. Are you eligible for the Massachusetts Foster Child Grant? Yes No

In order to be eligible you must be a full time student, have come into DSS custody via a Care and Protection Petition, and have left DSS care at age 18 or signed a Voluntary Placement Agreement at age 18. All eligible students must apply for the Foster Child Grant by the July 1, 2006 deadline.

26. Are you eligible for the Massachusetts Tuition Waiver? Yes No

In order to be eligible for the Massachusetts Tuition Waiver you must have been in the custody of DSS via a Care and Protection Petition until age 18, or have been in a DSS sponsored Guardianship or Adoptive placement. You also must be attending a Massachusetts Public college or university. All eligible students must apply for a Massachusetts Tuition Waiver.

ETV Financial Need Worksheet

1. Cash Balance

Please indicate any monies you owe directly to your school/program. **REQUIRED DOCUMENTATION:** Billing Statement from the school/program showing need after all financial aid has been applied.

\$ _____

2. Student Loans

Indicate the amount of student loans you have taken during this academic year.

REQUIRED DOCUMENTATION: Financial Aid Award Letter from your school/program.

\$ _____

3. Housing/Rent

If you live off campus, please indicate the cost of your monthly rent that is not covered by financial aid, the DSS vendor payment, nor any other means of public assistance.

REQUIRED DOCUMENTATION: Receipt from landlord.

\$ _____

4. Books

All students are eligible to apply for reimbursement for books up to **\$500**. **REQUIRED DOCUMENTATION:** Receipt for books.

\$ _____

5. Transportation

If you live off campus you may apply for a transportation stipend of **\$250**.

NO REQUIRED DOCUMENTATION.

\$ _____

4. Based on the availability of funding, students may be granted additional funds for required expenses toward the cost of attendance at a college or vocational training program. In order to access these funds, students must submit a letter describing the item or service required and the cost of the item or service. School documentation such as a syllabus, course description, or a letter from a school official who may be a financial aid agent, faculty member, or student advisor must accompany this request for additional aid.

Additional Funding Letter with supporting letter from college/vocational training program is attached.

yes

no

Application Checklist

All applications must include the items below in order to be processed. All incomplete applications will be returned to the applicant unprocessed.

| | |
|--------------------------------------|-------|
| Completed Application Form Pages 1-5 | _____ |
| Financial Aid Award Statement | _____ |
| Tuition Bill | _____ |
| Consent to Release Information Form | _____ |
| Signed W-9 Form | _____ |
| Transcript, if re-application | _____ |

Student Signature _____